

A Comparison of Detailed Vendor Responses to the
Department of Mental Health CA BH-EHR Functional Requirements Survey

Electronic Health Record (EHR) – 37 Requirements:

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F-06	6.005	The system shall provide the ability to capture history collected from external sources.	Episodes of care are based on state and local definitions. Generally, they are by periods of care at a provider, geographical, or organizational level; They may be outpatient or inpatient based and may exist concurrent with other episodes of care.	E	E	NA	E	E	E	E	E	E	E	E	E	E	E	E	E	E	C	E	E	E	E	E
F-24	24.015	The system shall be able to interchange electronic clinical information between healthcare service provider systems.	Examples of sources for clinical information includes: Client registration, episodes, admissions, discharges, authorization, and service / treatments information. Implies that interchange of data will be compliant with standards (HL 7, etc.). Implies both internal and external providers.	M	P	E	E	E	E	E	P	E	E	E	E	E	E	E	E	E	C	E	E	E	E	E
I-01	1.001	The system shall be able to receive general laboratory results (includes ability to replace preliminary results with final results and the ability to process a corrected result)	Implies compliance with HL7 and LOINC standards.	M	P	E	E	E	E	E	E	P	E	E	E	E	E	E	E	E	C	M	E	M	E	E
I-01	1.002	The system shall be able to receive microbiology laboratory results	Organisms will be coded using SNOMED, Sensitivity testing will be coded using LOINC	M	NA	NA	E	E	E	E	E	P	C	E	E	E	E	E	E	E	C	M	NA	M	E	E

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I-01	1.003	The system shall be able to respond to a query to share laboratory results	Part of ONC EHR-Lab Use Case Will work with Ambulatory Functionality Work Group to align functionality criteria and interoperability roadmap dates in preparation for next round of public comments.	M	C	NA	E	E	E	E	P	P	E	E	E	M	E	E	E	E	C	M	NA	M	E	E
I-01	1.004	The system shall be able to send an order for a laboratory test	Further work is need on defining the ordering messages and codes for ordering tests, should include an EHR generated order number for tracking	M	P	3	E	E	E	E	NA	E	3	E	E	E	E	E	E	E	C	M	C	P	E	E
I-01	1.005	The system shall be able to send a query to check status of a test order	Part of a function for closing the orders loop as part of quality improvement. Also need to be able to detect orders not matched with results.	M	P	NA	E	E	E	E	NA	NA	C	E	NA	M	M	E	E	E	C	M	C	M	E	C
I-02	2.001	The system shall be able to receive imaging reports and view images, includes ECG and other images as well as radiology		M	NA	E	E	M	E	E	E	P	E	E	E	E	E	E	P	E	C	E	E	E	E	E
I-02	2.002	The system shall be able to send a query to other providers to share imaging results	See also line CCHIT IA 5.6 send a query to a registry for documents	M	NA	NA	E	M	E	E	P	P	E	E	E	C	E	E	E	E	C	M	C	M	E	P
I-02	2.003	The system shall be able to respond to a query to share imaging results with other providers		M	NA	NA	E	M	E	E	P	P	E	E	E	C	E	E	E	E	C	M	C	M	E	E

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I-03	3.002	The system shall be able to electronically acknowledge a request for a refill sent from a pharmacy	Transaction is now wide spread use so that systems that send new prescriptions need to be ready to respond to requests for refills.	P	E	E	E	E	E	E	NA	P	3	E	E	M	E	E	E	E	P	3	C	3	E	E
I-03	3.003	The system shall send be able to a cancel prescription message to a pharmacy	Sent by the prescriber to cancel a prescription that was sent previously	M	3	M	E	E	E	E	NA	P	3	E	E	M	E	E	E	E	P	3	C	3	E	P
I-03	3.004	The system shall be able to respond to a request for a prescription change from a pharmacy	Sent by the pharmacy to request that the prescriber make changes to a prescription before it is filled.	M	3	M	E	E	E	E	NA	P	3	E	E	M	E	E	E	E	P	3	C	3	E	P
I-03	3.006	The system shall be able to send a query to verify prescription drug insurance eligibility and coverage	An essential first step prior to sending a query for medication history or formulary information directed at prescription drug coverage.	M	3	E	P	E	E	E	NA	NA	3	E	E	E	E	E	E	E	P	3	C	3	E	E
I-03	3.007	The system shall be able to access and view formulary information from pharmacy or PBM	Usually preceded by a query for insurance eligibility to verify potential source of data.	M	3	E	P	E	E	E	NA	NA	3	E	E	M	E	E	E	E	P	3	NA	3	E	3
I-03	3.008	The system shall be able to send a query for medication history to PBM or pharmacy to access and view medication list from EHR	Part of ONC CE-PHR Use Case, used effectively during Medicare Part D pilots.	M	3	E	P	E	E	E	NA	NA	E	E	E	M	E	E	E	E	P	M	NA	3	E	E

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I-05	5.001	The system shall be able to register documents with document registry	The ability to register documents in a registry or a repository will be part of the NHIN and final architecture has not been selected.	M	C	NA	E	P	E	P	P	NA	E	E	NA	M	E	P	E	E	C	M	C	M	E	E
I-05	5.002	The system shall be able to send a query to a document registry for documents.	This criterion is for the query request. This function deals only with the document registry and repository and the references to specific documents have been removed. When the criteria are finalized, any document constraints that are required by the network standards will be identified.	M	C	NA	E	P	E	P	P	NA	E	E	NA	M	M	P	E	E	C	M	C	M	E	E
I-05	5.003	The system shall be able to send documents to repository	This criterion is for sending documents to the repository. The function of sending documents to a repository may be independent of the specific types of documents that will be identified by the network standards. Use of HITSP harmonized standards is expected and it is too early to set those standards at this time.	M	C	NA	E	P	E	P	P	NA	E	E	NA	M	E	P	E	E	C	M	C	M	E	E
I-05	5.004	The system shall be able to respond to a query to provide a document that was previously registered in a repository	This function refers only to the ability to provide a document that has been registered in response to a query. The ability to create documents and medical summaries are discussed in other lines below.	M	C	NA	E	P	E	NA	P	NA	E	E	NA	M	M	P	E	E	C	M	C	M	E	E
I-05	5.005	The system shall be able to create and send electronic documentation of a visit such as a consult letter to a referring physicians	Will include narrative data	M	M	NA	E	P	E	E	E	NA	E	E	E	C	E	E	E	E	C	E	E	M	E	E
I-05	5.007	The system shall be able to send Medical Summary to refer or transfer clinical care of client	Used for structured data. Use of CCR will require available translation to CCD.	M	M	NA	E	P	E	E	P	E	P	E	E	C	E	E	E	E	C	E	C	M	E	P

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I-05	5.008	The system shall be able to receive Medical Summary and import into EHR for consult or transfer of clinical care	May use direct communication or a regional network	M	M	NA	E	P	E	E	P	E	E	E	E	C	E	E	E	E	C	E	C	M	E	P
I-05	5.009	The system shall be able to send data to PHR	Use of CCR will require available translation to CCD, Use of XPHR is for interim use per HITSP IS-03	M	M	NA	E	P	E	E	P	NA	E	E	E	C	E	M	E	E	C	M	C	M	E	P
I-05	5.01	The system shall be able to securely receive data from PHR and import into EHR	Use of CCR will require available translation to CCD, Use of XPHR is for interim use per HITSP IS-03	M	M	NA	E	P	E	E	P	NA	E	E	E	E	E	M	E	E	C	M	C	M	E	P
I-06	6.002	The system shall be able to import home physiologic monitoring data from clients.	Part of AHIC Chronic Care Breakthrough, standards and implementation guides have not been selected yet	M	NA	NA	E	P	E	E	NA	NA	E	E	E	C	E	M	E	E	C	M	NA	NA	E	P
I-07	7.001	The system shall be able to send client specific Public Health Disease Report for a reportable disease.	Electronic replacement for traditional reportable disease notifications to health departments, may become part of bio-surveillance in the future.	M	M	NA	E	E	E	E	P	NA	C	E	E	C	E	E	E	E	C	M	C	M	E	E
I-07	7.002	The system shall be able to send anonymous utilization and laboratory bio-surveillance data to public health agencies.	ONC Bio-surveillance Use Case	M	M	NA	E	E	E	E	NA	NA	E	E	E	C	E	E	E	E	C	E	C	NA	E	E

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I-07	7.008	The system shall support administrative communication with registry services.	Examples of administrative communication include: Usage of registry interface and communication standards; Client identification; Retrievals of healthcare information links; payer, health plan, and client sponsor information; Employer identification; Public Health Agency identification; Healthcare resources identification; Coding, Terminology model, and Terminology verification and updates; Exchange of client data; Version control; etc. See Practice Management 43.021.	M	M	NA	E	E	E	P	P	NA	E	E	P	C	E	E	E	M	C	M	E	E	E	E
I-07	7.015	The system shall support standard terminologies for administrative and financial communications.	Areas of standard terminology may include: Internal and external communications; Administrative or Financial coding; Usage of explicit information models; Cross walking or deprecating different versions of standards; Updating standards information or standards protocols; Utilizing standards appropriate to effective start / end dates; Cascading terminology based on coded terminology content in clinical models (e.g., templates, and custom formularies); Terminology mapping; Standards validation; Realm specific and local profile communication; User Scope of Practice communications; Organizational Policy or law enforcement; etc.	M	NA	NA	E	E	E	E	P	NA	E	E	NA	E	E	E	E	E	C	M	E	E	E	E
I-08	8.002	The system shall be able to send a query to coordinate client identification	Client identification coordination will be part of network certification scheduled to begin in 2009 and is required as part of the document transport criteria.	M	M	NA	E	E	E	M	NA	NA	E	E	NA	M	E	M	E	E	C	M	C	M	E	E

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I-08	8.003	The system shall be able to support standard interfaces to Practice Management and Billing systems.	CCHIT requires more input on stakeholder priorities and feasibility of certifying a standard interface between all EHR systems and all practice management systems and billing systems	M	E	NA	E	E	E	E	P	E	M	E	E	M	E	E	E	E	C	M	E	M	E	E
I-08	8.007	The system shall be able to receive electronic authorization for referral from payer.	The system shall be able to receive electronic authorization for referral from payer.	E	P	NA	E	E	E	E	P	NA	E	E	M	E	E	E	E	M	C	NA	E	P	E	3
I-09	9.001	The system shall be able to respond to a query to Identify clients eligible for a clinical trial.	Clinical trial will send eligibility criteria, EHR will identify clients for review by practice and respond with a count of potentially eligible clients and an intent to participate or not participate in the trial.	M	E	NA	E	E	E	E	NA	NA	3	E	E	E	E	E	E	M	C	E	C	C	E	E
I-09	9.002	The system shall be able to send data to register a client in a clinical trial.	Will include informed consent	M	M	NA	E	E	E	E	P	NA	3	E	NA	M	E	M	E	E	C	E	C	C	E	E
I-09	9.003	The system shall be able to receive clinical trial protocol and templates for data collection.	Will include clinical trial protocol and data collection templates	M	E	NA	E	P	E	E	P	NA	3	E	NA	M	E	M	E	C	C	E	C	C	E	E
I-09	9.004	The system shall be able to send a data report to a clinical trial.	Will require digital signature to assure authentication, integrity, and non-repudiation.	M	M	NA	E	P	E	E	P	NA	E	E	NA	M	E	M	E	E	C	M	C	C	E	E